

# SHARE

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

1319

VENDOR # [REDACTED]

DATE 01/25/2013

Payee

\$ 705 00



Fund / Agency

000 66500

Document Number

AP 00322634

B4R

COD3

B4RCOD3

Stat of N w M x o  
Vou h r B t h R p o t  
Bu n Un t 66500 D p t m n t of H lth  
Vou h w th F n l Ag n y Approval But N t Y t R v w d/Approv d By DFA/FCD  
A ofD t 01/18/2013

Vou h	V hr	V h L n D	r	D t	A ount	A ount	Fund	V ndo Nam	1099	A ount ng P od	Pu h	O d	Invo	Numb r	Total Am unt
Numb	L n			L n #		D r pt on			W thHold	Y a		M nth			
00322634	1	I/S M al & lodg ngJ		1	542200	Employ I/S M al & L	06101	MCGRATH BR 001		2013		01	0000097237	M Gr th B 1 7	705 00
													Total Fo Vou h		705 00

CD

RECEIVED  
2013 JAN 18 PM 2 07  
DFA  
FINANCIAL CONTROL



NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

1

CODE 66500

VOUCHER NUMBER 00322635

NAME Brad McGrath		CAR LICENSE NUMBER 001947SG	POST OF DUTY Roswell	PROPOSED (ADVANCE VOUCHER)	<input type="checkbox"/>
VENDOR NUMBER [REDACTED]		MODEL Ford	RESIDENCE Roswell	ACTUAL (RECOUPMENT VOUCHER)	<input checked="" type="checkbox"/>
REG WORK DAY 8 00 AM THRU 5 00 PM		YEAR 2011			

[illegible]

ACTUAL EXPENSES

## APPROVED RATES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

<input checked="" type="checkbox"/>	Employee Signature	Date
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TOTALS

ADVANCE AMOUNTS

807

ADJUSTED

## REIMBURSEMENT

0

0.00

705.00

0.00

705.00

Brad McGrath

(TYPE PAYEE NAME)

	6	8	10	12
1	0.0000	0.0000	0.0000	0.0000
2	0.0000	0.0000	0.0000	0.0000
3	0.0000	0.0000	0.0000	0.0000
4	0.0000	0.0000	0.0000	0.0000
5	0.0000	0.0000	0.0000	0.0000
6	0.0000	0.0000	0.0000	0.0000
7	0.0000	0.0000	0.0000	0.0000
8	0.0000	0.0000	0.0000	0.0000
9	0.0000	0.0000	0.0000	0.0000
10	0.0000	0.0000	0.0000	0.0000
11	0.0000	0.0000	0.0000	0.0000
12	0.0000	0.0000	0.0000	0.0000
13	0.0000	0.0000	0.0000	0.0000
14	0.0000	0.0000	0.0000	0.0000
15	0.0000	0.0000	0.0000	0.0000
16	0.0000	0.0000	0.0000	0.0000
17	0.0000	0.0000	0.0000	0.0000
18	0.0000	0.0000	0.0000	0.0000
19	0.0000	0.0000	0.0000	0.0000
20	0.0000	0.0000	0.0000	0.0000
21	0.0000	0.0000	0.0000	0.0000
22	0.0000	0.0000	0.0000	0.0000
23	0.0000	0.0000	0.0000	0.0000
24	0.0000	0.0000	0.0000	0.0000
25	0.0000	0.0000	0.0000	0.0000
26	0.0000	0.0000	0.0000	0.0000
27	0.0000	0.0000	0.0000	0.0000
28	0.0000	0.0000	0.0000	0.0000
29	0.0000	0.0000	0.0000	0.0000
30	0.0000	0.0000	0.0000	0.0000
31	0.0000	0.0000	0.0000	0.0000
32	0.0000	0.0000	0.0000	0.0000
33	0.0000	0.0000	0.0000	0.0000
34	0.0000	0.0000	0.0000	0.0000
35	0.0000	0.0000	0.0000	0.0000
36	0.0000	0.0000	0.0000	0.0000
37	0.0000	0.0000	0.0000	0.0000
38	0.0000	0.0000	0.0000	0.0000
39	0.0000	0.0000	0.0000	0.0000
40	0.0000	0.0000	0.0000	0.0000
41	0.0000	0.0000	0.0000	0.0000
42	0.0000	0.0000	0.0000	0.0000
43	0.0000	0.0000	0.0000	0.0000
44	0.0000	0.0000	0.0000	0.0000
45	0.0000	0.0000	0.0000	0.0000
46	0.0000	0.0000	0.0000	0.0000
47	0.0000	0.0000	0.0000	0.0000
48	0.0000	0.0000	0.0000	0.0000
49	0.0000	0.0000	0.0000	0.0000
50	0.0000	0.0000	0.0000	0.0000
51	0.0000	0.0000	0.0000	0.0000
52	0.0000	0.0000	0.0000	0.0000
53	0.0000	0.0000	0.0000	0.0000
54	0.0000	0.0000	0.0000	0.0000
55	0.0000	0.0000	0.0000	0.0000
56	0.0000	0.0000	0.0000	0.0000
57	0.0000	0.0000	0.0000	0.0000
58	0.0000	0.0000	0.0000	0.0000
59	0.0000	0.0000	0.0000	0.0000
60	0.0000	0.0000	0.0000	0.0000
61	0.0000	0.0000	0.0000	0.0000
62	0.0000	0.0000	0.0000	0.0000
63	0.0000	0.0000	0.0000	0.0000
64	0.0000	0.0000	0.0000	0.0000
65	0.			

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TM

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1 500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10.8.5 (I) NMSA 1978

01/18/2013

Signature \_\_\_\_\_

(DOH General Accounting Use Only)


Date \_\_\_\_\_

**PAYEE SIGN HERE**

DATE \_\_\_\_\_

Signature required on overnight lodging exceeding \$215.00 per night



9N17 13 P43 25

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<b>Business Unit</b>	66500	<b>Invoice Number</b>	McGrath B 1 7 1 12 13
<b>Voucher ID</b>	00322634	<b>Invoice Date</b>	01/16/2013
<b>Voucher Style</b>	Regular	<b>Total</b>	705 00

**Vendor**      MCGRATH BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE NM 87502


**Pay Terms**      Pay Now      [Schedule Payments](#)

**Saved****Payment Information**[Find](#) | [View All](#)      First  1 of 1  Last **Scheduled Payment**      1**Remit to**       **Location**      001 **Address**      1 

MCGRATH BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
1190 S ST FRANCIS DR SUITE N 3059  
SANTA FE NM 87502

**Gross Amount**      705 00      USD**Discount**      0 00      USD      ☐ **Discount Denied**

Late Charge

**Scheduled Due**      01/16/2013 **Net Due**      01/16/2013**Discount Due****Accounting Date****Payment Method****Bank**      WFB10**Account**      B**Method**      CHK      Check**Message****Pay Group****Handling**      RE**Netting**      N [Messages](#)

Message will appear on remittance advice



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<b>Voucher Style</b>	Regular	<b>Total</b>	705 00

**Voucher Processing**

<input checked="" type="checkbox"/> <b>Post Voucher</b>	<input type="checkbox"/> <b>Close Voucher</b>
<input checked="" type="checkbox"/> <b>Revalue Voucher</b>	<input type="checkbox"/> <b>Delete Voucher</b>

Saved

**Accounting Instructions**

<b>Accounting Template</b>	STANDARD 	<b>Account At</b>	Gross
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**Match Action**

<b>Status</b>	Ready
<input type="checkbox"/> <b>Pay UnMatched Voucher</b>	

**Transaction Currency**

<b>Source</b>	Tables	<b>Currency</b>	USD 	<b>Rate Type</b>	CRRNT 	<b>Exchange Rate</b>	1 00000000
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**Voucher Approval**

<b>Approval</b>	Specify at this Level	<b>Business Process</b>	PROCESS_VOUCHERS 
		<b>Approval Rule Set</b>	Payment Approval Rule Set 1 

**Self Billing Invoice**

<b>SBI Num Option</b>	Group Vouchers (Auto Nur	<b>SBI Number</b>	
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**Prepayment**

<b>Prepayment Reference</b>	<input type="checkbox"/> <b>Automatically Apply Prepayment</b>	<input type="checkbox"/> <b>Postpone Withholding</b>
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**Letter of Credit**

<b>Letter of Credit ID</b>	 
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**Tax Group**